

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTION PACKET FOR THE PRIVATE DETECTIVE AND/OR PRIVATE SECURITY AGENCY LICENSE

(Note: Both private detective agencies and private security guard agencies are statutorily licensed as a "private detective agency".)

Enclosed are the forms to apply for licensure as a private detective agency or a private security guard agency. The "Application for Private Detective Agency License" (Form #456) is used to apply for a private detective agency and/or private security agency license.

If your agency will provide private detective services, as defined in sec. RL 30.02(12)(a), Wis. Admin. Code, you and anyone you employ who will be providing private detective services must be individually licensed as a private detective before performing those services. Please contact the Department for an "Application for Private Detective License" (Form #469) if you also need to obtain a private detective license.

Owners, partners, corporate officers, or members of a limited liability company are not required to obtain a private detective license if they do not engage in private detective activities as defined in sec. RL 30.02(12), Wis. Admin. Code. They are not required to obtain a private security permit if they do not personally function as a private security person.

Individuals working as uniformed private security persons must obtain a private security permit from the Department. Please contact the Department for an Application for a Private Security Permit (Form #2271) if you need to obtain a private security permit.

No person may advertise, solicit or engage in the business of operating a private detective agency, or act as a supplier of private security personnel until the proper license has been issued by this department. Failure to comply is in violation of sec. 440.26(8), Stats., and is subject to penalties.

An applicant for a private detective/private security agency license must obtain either:

- (a) **A COMPREHENSIVE GENERAL LIABILITY INSURANCE POLICY (with a minimum limit of \$100,000):** If the applicant chooses a comprehensive general liability policy, the applicant must submit an original Certificate of Insurance and Form #1482, entitled STATEMENT CONCERNING LIABILITY INSURANCE FOR PRIVATE DETECTIVE AGENCIES. The comprehensive general liability policy must include coverage for bodily injury liability, property damage and personal injury. The policy must cover all licensed private detectives and private security personnel employed by the agency. If an agency permits anyone associated with it to carry a firearm in the course of duty, it must also have coverage for injury or damage resulting from the use of firearms. NOTE: The "Name of Insured" should be stated exactly as the name under which the Department will license your agency. The "Name and Address of the Certificate Holder" should be stated as follows: Department of Regulation and Licensing, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708-8935.

Wisconsin Department of Regulation & Licensing

IMPORTANT: Insurance liability policies must be obtained from an insurer authorized to do surety business in Wisconsin by the Office of the Commissioner of Insurance. **SURPLUS LINE** insurers **ARE NOT** authorized to do surety business in Wisconsin. Therefore, the Department may only accept insurance from surplus line insurers if the policy has a cut-through endorsement to an authorized insurance company.

OR

- (b) **A \$100,000 BOND:** If the applicant chooses to obtain the \$100,000 agency bond, please complete and return the enclosed bond (Form #1483). In addition, each private detective employed by the agency must be bonded for \$2,000. Photocopy the bond form if additional forms are needed.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

To be eligible to receive a private detective agency license, the following items must be completed and on file in the Department:

1. **Application for Private Detective Agency (form #456):** Complete the enclosed application and attach the appropriate fee. **Every owner of the agency must submit the \$32 fee for a criminal record search in addition to the \$53 fee for the private detective agency license.**
2. **Addendum to Application – Business Entities (form #2552):** Complete the enclosed form and return with your employer identification number (FEIN) unless your agency will be a sole proprietorship and employ only yourself. Employer identification numbers can be obtained from the Department of Revenue at (608) 261-6249.
3. **Convictions and Pending Charges (form #2252):** All applicants will be required to answer questions on the application form about convictions of any crime, other violations and pending charges in Wisconsin or any other state. The Department will obtain a CIB name search (name, date of birth, sex, race, social security number) and an FBI fingerprint search on all applicants. The Department is usually able to obtain a CIB report on the same day an application is received; however, the Department receives FBI criminal record reports within approximately 3 to 6 weeks after sending fingerprints to the FBI. If any applicant was **EVER** convicted of a felony in Wisconsin or any other state and not pardoned, the applicant's application will be denied. There are no exceptions.

If an applicant has been convicted of one or more misdemeanor or other violations or has pending charges and if the Department determines that the crimes or violations are substantially related to the practice of a private detective, the Department will not grant a license until it has received sufficient information to determine whether the license should be granted, denied or limited. It is the responsibility of the applicant to provide complete information to the Department. Applications are deemed complete after submission of all relevant background information by the applicant.

4. **Fingerprint cards:** Submit TWO fingerprint cards, properly completed pursuant to RL 31.03(1)(b), Wis. Admin. Code. If you are a licensed private detective or security guard, you must submit fingerprint cards, unless you were originally licensed within the last 6 months. If so, please indicate this on your application.

Wisconsin Department of Regulation & Licensing

5. **Criminal History Checks Notice:** Provisions set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34, require us to notify you that your fingerprints may be used to check the criminal history records with the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The Department of Regulation and Licensing does not deny a license based on the information in the record itself, but does require the submittal of a criminal complaint and judgment of conviction in any matter which would appear to be cause for denial of a license.

The Authorization for Release of FBI information (form # 2687) must be signed by the applicant and a witness.

6. **Photograph:** Submit ONE current photograph of your head and shoulders only of each owner of the agency. If you are a licensed private detective or security guard, you must submit a photo unless you were originally licensed within the last 6 months. If so, please indicate this on your application.
7. **Corporation, Limited Liability Company, Limited Liability Partnership or Foreign Corporation:** Attach Copy of Approval, Certificate of Authority or Certificate of Registration to do business in Wisconsin from the Wisconsin Department of Financial Institutions, Corporation Division at (608) 261-9555. If your agency will be a sole proprietorship and employ only yourself, this isn't required.
8. **Statement Concerning Liability Insurance for Private Detective Agencies (form #1482):** This form must be completed by your insurer and returned with a copy of the Certificate of Liability Insurance. This proves that you have the required \$100,000 of liability coverage provided through an authorized insurer. Your insurer can verify that your coverage is afforded through an authorized provider by checking oci.wi.gov/dir_ins.htm. If your coverage isn't through an authorized insurer, a cut-through endorsement will be required.
9. **Bond of Private Detective or Private Detective Agency (Form #1483):** This form must be completed if you decide to obtain a \$100,000 bond instead of liability coverage. Each private detective your agency employs will be required to have an additional \$2000 bond.

Wisconsin Statutes and Administrative Rules:

A copy of the Wisconsin Statutes and Administrative Code Relating to the practice of private detectives and private security personnel is available on the web at <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://drl.wi.gov/includes/catalog.htm>, by calling Document Sales at 800-362-7253 or 608-264-9419 or by email at docsales@doa.state.wi.us.

The private detective agency license expires on August 31 of the even-numbered year. It may be renewed for a two-year period at that time.

No agency may act as a private detective agency until the proper license has been issued by this Department. Failure to comply is in violation of sec. 440.26(8), Stats., and is subject to penalties.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESIONAL CREDENTIAL PROCESSING

APPLICATION FOR PRIVATE DETECTIVE AGENCY LICENSE

(Note: Both security guard agencies and private detective agencies
are statutorily licensed as a "private detective agency")

TYPE OR PRINT IN INK

1. ENTER NAME OF AGENCY:

2. ENTER ADDRESS OF PRINCIPAL OFFICE: (The P.O. Box alone is not sufficient for licensing).

Number	Street	P.O. Box
City	State	Zip Code

3. ENTER TYPE OF BUSINESS

- ☐ Sole Proprietor
☐ Partnership
☐ Corporation Incorporated in the State of: _____
☐ Limited Liability Company (LLC) Organized in the State of: _____
☐ Limited Liability Partnership (LLP) Organized in the State of: _____
☐ Other: _____

ENTER TELEPHONE NUMBER OF PRINCIPAL OFFICE

() _____

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

<input type="checkbox"/> \$ 53.00 Initial credential fee	<input type="checkbox"/> Additional Owner
\$ 6.00 CIB name check	\$ 6.00 CIB name check
\$ 26.00 FBI fingerprint check	\$ 26.00 FBI fingerprint check
\$ 85.00 Total fee due	\$ 32.00 Total fee due

☐ Reinstatement
\$ 78.00 Credential fee
\$ 6.00 CIB name check
\$ 26.00 FBI fingerprint check
\$ 110.00 **Total fee due**

For Receipting Use Only

BOARD OFFICE USE ONLY

Liability Coverage _____ Bond _____ Insurance	Reg. Type _____ Date Granted _____	License # _____ Date Expires _____
---	---	---

CIB NAME CHECK DONE AND
FBI CARDS SENT _____

Wisconsin Department of Regulation & Licensing

5. IF APPLICANT IS A WISCONSIN CORPORATION, LIMITED LIABILITY COMPANY, OR A LIMITED LIABILITY PARTNERSHIP, enter the name of the registered agent, and ATTACH A COPY OF APPROVAL from the Wisconsin Department of Financial Institutions, Corporation Division, at (608) 261-9555.

6. IF A FOREIGN CORPORATION, LIMITED LIABILITY COMPANY, OR A LIMITED LIABILITY PARTNERSHIP, enter name and address of Wisconsin registered agent and attach a copy of the Certificate of Authority or Certificate of Registration to do business in Wisconsin, issued by the Wisconsin Department of Financial Institutions, Corporation Division, at (608) 261-9555.

7. ENTER DATE INCORPORATED OR ORGANIZED

8. ENTER TYPE OF SERVICES YOUR AGENCY WILL PROVIDE

☐ Private Security ☐ Private Detective ☐ Both

9. ENTER TYPE OF LIABILITY COVERAGE

☐ Surety Bond ☐ Insurance

10. WILL YOU REQUIRE EMPLOYEES TO CARRY A FIREARM? (If YES, include a copy of the agency's policy concerning the use, care and storage of firearms.)

☐ Yes ☐ No

11. LIST THE ADDRESS(ES) OF ANY OTHER WISCONSIN OFFICES

12. ENTER THE NAME AND TITLE of the sole proprietor, each partner, each member and manager of a limited liability company or each corporate officer. Attach an Application for Private Detective License (Form #469), for each person who is not already licensed as a private detective and will personally be acting as a private detective in Wisconsin.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Wisconsin Department of Regulation & Licensing

The following Affidavit must be signed in the presence of a Notary Public by a sole proprietor or any other individual applicant. If the applicant is a Wisconsin corporation, the Affidavit must be signed by the Secretary and the President or Vice President. If the applicant is a foreign corporation, the Affidavit must be signed by the Secretary and the Registered Agent, and either the President or Vice President. If the applicant is a partnership or limited liability company, the Affidavit must be signed by all of the partners of a partnership and all of the members of a limited liability company.

I (We) hereby swear and affirm that the answers set forth are true and correct to the best of my (our) knowledge and belief and I (we) understand that if the applicant is issued a registration certificate, failure to comply with the laws and rules enforced by the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action against the individual applicant or any and all officers, partners or members of a corporation, partnership or LLC applicant.

I (We) swear that, to the best of my (our) knowledge and belief, no officer, partner, member, manager or employee has been or will be assigned a firearm until the agency's firearms policy and an acceptable Certification of Proficiency (Form #467) is on file with the Department of Regulation and Licensing and that all statements contained herein are true and correct. If this agency is granted a license, the agency will abide by all the provisions of the Wisconsin Statutes as set forth in sec. 440.26, Stats., and Chs. RL 30 to 35, Wis. Adm. Code. I (We) understand that failure to do so may be cause for disciplinary action against the applicant or any and all officers or partners.

Signature of Agency Sole Proprietor, Officer, Partner or LLC Member

Date

Print/Type the Name of the Person Who Signed Above

Title

Signature of Officer, Partner or LLC Member

Date

Print/Type the Name of the Person Who Signed Above

Title

Signature of Partner, LLC Member or Registered Agent

Date

Print/Type the Name of the Person Who Signed Above

Title

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public (Seal)

Date Commission Expires

Wisconsin Department of Regulation & Licensing

Each sole proprietor owner, partner, corporate officer or member of an LLC who signs this application on Page 3 must complete the following information, submit ONE RECENT PHOTO as mentioned in Page 3 of 3 of the instructions and, EACH MUST SUBMIT TWO FINGERPRINT CARDS properly completed pursuant to RL 31.0(1)(b), Wis. Admin. Code. Make copies of this page as necessary.

NOTE: This section should be photocopied if the agency has more than one unlicensed person, as described above.

Last Name		First Name		MI	Birth Date ____ month ____ day ____ year	
Enter Home Address (Street, City, State, Zip) (P.O. BOX ALONE IS NOT SUFFICIENT).					Daytime Telephone Number () _____	
Ethnic Origin	Sex	Height	Weight	Eye Color	Hair Color	

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

	<u>YES</u>	<u>NO</u>
a. Has the agency or any of its officers EVER been convicted of a MISDEMEANOR, A FELONY, OR DRIVING WHILE INTOXICATED (DWI) , in this or any other state, OR are criminal charges or DWI charges currently pending? <u>If YES, complete and attach Form #2252.</u>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the agency or any of its officers ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has any licensing or other credentialing agency ever taken any disciplinary action against the agency, or any of its officers, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is disciplinary action pending against the agency or any of its officers in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have any suits or claims ever been filed against the agency as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the agency currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential?	<input type="checkbox"/>	<input type="checkbox"/>
And if in another name, what name? _____		

EMPLOYMENT RECORD FOR THE LAST TEN YEARS (Include name of employer, dates of employment and the type of employment. Use another sheet if additional space is needed.)

SIGNATURE OF APPLICANT	TITLE OF APPLICANT	DATE
------------------------	--------------------	------

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AUTHORIZATION FOR RELEASE OF FBI INFORMATION

(For official use only, not to be released to unauthorized persons.)

I hereby empower any employee of the Department of Regulation and Licensing to obtain through the Wisconsin Department of Justice, a copy of any arrest record maintained by the Federal Bureau of Investigation associated to me pursuant to a search based on a submitted set of fingerprints within one year of the date of this form.

I also understand that federal law prohibits the sharing of this information with anyone other than an employee of the organization granted permission by this release.

Full Name: _____
Signature

Current Address: _____
Street & Number

City / State / Zip

Date: _____

Witness: _____

#2687 (10/04)

Ch. 440.26, Stats.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

ADDENDUM TO APPLICATION – BUSINESS ENTITIES

EMPLOYER IDENTIFICATION NUMBER. Your employer identification number or your social security number if you are a sole proprietorship must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

FEIN

Business Entity Name

Type of Credential (License) applying for

The Department may not disclose the employer identification number or social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2552 (6/04)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth month day year	Social Security Number Information helps us identify your record, but is voluntary. It is not available to the public.
Ethnic/gender information is required to check criminal information records. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____	Date _____
-----------------	------------

Signed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary Public _____	Date _____
----------------------------------	------------

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

STATEMENT CONCERNING LIABILITY INSURANCE FOR PRIVATE DETECTIVE AGENCIES

If the applicant chooses to obtain a liability policy, rather than a bond, the applicant's insurance representative must complete this form and send it along with a Certificate of Insurance to this Department before the agency application can be processed.

NAME OF PRIVATE DETECTIVE AGENCY:	INSURANCE POLICY #:
PRIVATE DETECTIVE AGENCY LICENSE #:	

Licensed private detective agencies must obtain and maintain a bond or liability policy in the amount of no less than **\$100,000**. The comprehensive general liability policy required by secs. 440.26(4), Stats., and RL 33.01, Wis. Admin. Code, must include coverage for bodily injury liability, property damage and personal injury. If an agency permits anyone associated with it to carry a firearm in the course of duty, it must also have coverage for injury or damage resulting from the use of firearms.

IMPORTANT: Insurance liability policies must be obtained from an insurer authorized by the Office of the Commissioner of Insurance to do *surety business* in Wisconsin. Please check oci.wi.gov/oci_home.htm and go to "Company Lookup" to verify that the insurer affording coverage is an authorized provider in Wisconsin. **SURPLUS LINE insurers ARE NOT authorized to do surety business in Wisconsin. Therefore, the Department may only accept insurance from surplus line insurers if the policy has a "cut-through endorsement" to an authorized insurance company.**

THE INSURANCE AGENT MUST ANSWER THE QUESTIONS BELOW AND RETURN THIS FORM WITH THE CERTIFICATE OF INSURANCE.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. CERTIFICATE OF INSURANCE: The attached Certificate of Insurance meets the requirements stated above. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. PRIVATE DETECTIVES: This policy covers the private detective agency and all licensed private detectives employed by the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. PRIVATE SECURITY PERSONNEL: This policy covers the private detective agency and all private security guard personnel employed by the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. FIREARMS: This policy includes coverage for injury or damage resulting from the use of firearms. | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Authorized Insurance Company Representative

Date

Name of Insurance Agency

Daytime Telephone Number

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

BOND OF PRIVATE DETECTIVE OR PRIVATE DETECTIVE AGENCY Subchapter II, Chapter 440, Stats.

POLICY NUMBER _____

KNOW ALL PERSONS BY THESE PRESENTS

	<input type="checkbox"/>	an individual
That _____	<input type="checkbox"/>	a partnership
(Name of Individual or Entity Checked at the Right)	<input type="checkbox"/>	a corporation
	<input type="checkbox"/>	a limited liability company

doing business as _____
(Trade Name of Individual or Agency, If Applicable)

at _____, as PRINCIPAL, and
(Address of Private Detective Agency)

_____ of
(Name of Surety)

_____, as SURETY,
(Address of Surety)

a corporation duly authorized to do business in the State of Wisconsin, are held and firmly bound until the Obligees of the bond to make payment of the sum of \$ _____. We, the PRINCIPAL and the SURETY, bind ourselves, firmly by this bond, provided that no obligation hereunder shall require payment more than once for the same loss or damage.

The Condition of the Obligation is such that the PRINCIPAL has applied for issuance or renewal of licensure to do business as a private detective or private detective agency pursuant to sec. 440.26, Wisconsin Statutes, and applicable sections of the Wisconsin Administrative Code, and, if neither the PRINCIPAL nor any of its employees, agents, or representatives by whatever name they might be known shall cause any damage or loss to any person by reason of violation of the statutes or administrative code governing the conduct of a private detective or private detective agency during the term of this bond, then this Obligation is void, but otherwise of full force and effect for the benefit of the State of Wisconsin and any other person who shall suffer loss or damage within the Condition of this Obligation.

The **term of this bond** shall be from the date of its signing by PRINCIPAL and SURETY to _____, unless renewed by a Continuation Certificate or terminated earlier upon 60 days written notice to the Secretary of the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Signed and sealed this _____ day of _____, _____

(Principal)

(Witness)

By:

(Title)

(Surety)

By:

(Attorney in Fact)

Wisconsin Department of Regulation & Licensing

P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code